



## Membership Application

\_\_\_ Full Membership (includes 1 alternate handler) \$100.00 (club dues only, USAC dues are separate)

Also include your \$50.00 check for job duties

(This check will be returned or rollover to the next year if you have completed your requested job duties.)

### **2015 Family Membership Information (Must attach birth certificates for Minors)**

Parent/Guardian Name #1 : \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent/Guardian Name #2 : \_\_\_\_\_ D.O.B \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Driver 1**

Full Name: \_\_\_\_\_ M/F \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email Address: \_\_\_\_\_ Rookie Y/N: \_\_\_\_\_

#### **Driver 2**

Full Name: \_\_\_\_\_ M/F \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email Address: \_\_\_\_\_ Rookie Y/N: \_\_\_\_\_

#### **Driver 3**

Full Name: \_\_\_\_\_ M/F \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email Address: \_\_\_\_\_ Rookie Y/N: \_\_\_\_\_

#### **Alternate Handler**

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Job Duties: Please circle which duties to assign to you as part of your membership.

Open Track   Pit Steward   Sign Ins 50/50   Trophies   Concessions   Close Track

Please provide a contact information to be distributed to club members in the situation where job swaps need to be made. \_\_\_\_\_

Forms may be returned at Mandatory Meeting 2/28 or mailed to:

HQMA Secretary Christina Beitler Healy 7931 Dorsey Run Road Jessup, MD 20794